

USEPA
290 BROADWAY
NY, NY

NOTIFICATION OF DEMOLITION AND RENOVATION
PAL JOB # 16-9047

Operator Project #	Postmark	Date Received	Notification #	
TYPE OF NOTIFICATION (O-Original, R-Received, C-Cancelled): R – Correct Address, Contact Person & Waste Hauler				
Information				
FACILITY INFORMATION (Identify Owner, Removal Contractor and Other Operator):				
OWNER NAME: NYCMTA				
Address: 2 Broadway				
City: New York		State: NY	Zip: 10004	
Contact Name: Joseph Dinaram		Telephone: 646-252-3521		
REMOVAL CONTRACTOR: PAL Environmental Safety Corp. d/b/a PAL Environmental Services				
Address: 11-02 Queens Plaza South				
City: Long Island City		State: NY	Zip: 11101	
Contact Name: Devin Jones		Telephone: 718-349-0900		
OTHER CONTRACTOR:				
Address:				
City:		State:	Zip:	
Contact Name:		Telephone:		
TYPE OF OPERATION (D-Demo, O-Ordered Demo, R-Renovation, E-Emergency Renovation): R				
IS ASBESTOS PRESENT? (YES NO) YES				
FACILITY DESCRIPTION (Include Building Name, Number and Floor or Room Number)				
Building Name: Manhattanville Bus Depot				
Address: 666 West 132nd Street				
City: New York		State: NY	Zip: 10027	
Site Location: Roof				
Building Size:		# of Floors:	Age in Years: 50+	
Present Use: Bus Depot		Prior Use: Bus Depot		
Procedure, Including Analytical Method, If Appropriate, Used to Detect the Presence of Asbestos Material: PLM – Polarized Light Microscopy				
Approximate amount of asbestos , Including 1. Regulated ACM to be removed 2. Category I ACM not removed 3. Category II ACM not removed	R. ACM to be removed	Non-Friable Asbestos Material not to be removed		Indicate Unit of Measurement Below
		CAT I	CAT II	UNIT
				Linear Feet: Ln M:
Surface Area: Roof Membrane, Flashing Materials & Tar Materials	2,786			Square Feet: X Square Meter:
Volume RACM off Facility Component				CuFt: Cu M:
Scheduled Dates Asbestos Removal (mm/dd./yy)		Start: 08/01/2016	Complete: 07/31/2017	
Scheduled Dates Demo/Renovation (mm/dd./yy)		Start:	Complete:	

DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD (S) TO BE USED:			
DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:			
HEPA Vacs, Micro Traps (Negative Air Pressure) and amended water will be utilized for emissions control.			
WASTE TRANSPORTER #1			
Name: ATC			
Address: 2 Moriches Middle Island Road			
City: Shirley		State: NY	Zip: 11957
Contact Name: Kenny Smith		Telephone: 631-924-5050	
WASTE TRANSPORTER #2			
Name:			
Address:			
City:		State:	Zip:
Contact Name:		Telephone:	
WASTE TRANSPORTER #3			
Name:			
Location:			
City:		City:	City:
Telephone:			
Disposal Facility			
Name: Minerva Enterprises			
Location: 9000 Minerva Road, SE		Location: 9000 Minerva Road, SE	
City: Waynesburg		State: OH	Zip: 44688
FOR EMERGENCY RENOVATIONS			
Date and Hour of Emergency (mm/dd./yy)			
Description of the Sudden, Unexpected Event:			
Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:			
DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLLED, PULVERIZED OR REDUCED TO POWDER. Any ACM, which is discovered unexpectedly, or non-friable ACM, which becomes crumbled, will be immediately wet with amended water and cleaned up with HEPA Vacs, to be put in 6 mil poly bags for proper disposal.			
I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGUALTION (40 CFT PART 61, SUBPART M), WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS (required 1 year after promulgation)			
Signature of Owner/Operator		07/13/2016 Date	
I certify that the above information is correct			
Signature of Owner/Operator		07/13/2016 Date	